patients' throats mixtures of whose ingredients and action he is ignorant. It is not a question of where these nostrums are advertised, or whether or not they are patented, or whether the Pharmacopeia contains or excludes them. The whole question for us is: Shall we be false to the confidence which our patients place in us? Shall we, who should safeguard their interests with the keenest watchfulness, desert our post and permit, nay advise them, to use medicine whose composition is wholly guesswork to us, though our patients trust us to investigate and to understand it?

I do not see how any honorable man can see two sides to this question. Supose an investor went to his financial adviser for counsel on investments and was recommended to buy a certain stock. Suppose the investor to ask "What is the property? Is it manufacturing stock, railroad stock, mines, municipal enterprises? " Would he not be angry and indignant if his expert adviser should answer: "I don't know what it is. A promoter gave me some and said it was good, but I know nothing about it save what he told me." A pretty sort of adviser this! False to his trust, surely; but we are far worse than that, for the financial adviser was dealing only with his client's property, while we deal with his life. They juggle with his dollars—we with his vital organs.

I believe there are not many in this audience who are not guilty—as I am guilty—of the sin of having used remedies—some of them dangerous—without knowing what they contained. I have used ammonol, before our Council on Pharmacy and Chemistry showed it up. I supposed (ignorantly, culpably) that it was a synthetic chemical compound, instead of an acetanilid mixture. I am ashamed of it. I shall try to do better, and never again to advise a powerful poison without knowing it, or an inert drug while supposing it, on hearsay evidence, to possess power. But that is just what is advised in 44 per cent. of the prescriptions filled in our Back Bay drug stores. If the public realized this it would be justly angry at our indolence and faithlessness in the high position of trust.

But, I believe that we not only feed the public demand for useless and harmful drugs, but also go far to create that very demand.

Babes are not born with a desire to take a drug for every symptom—they acquire this desire. Who teaches them? You and I do. We educate our patients and their friends to believe that every or almost every symptom and disease can be benefited by a drug. Some ignorant practitioners believe this, and we can not blame them, though we deplore the results of their indiscriminate drugging. But in my experience the educated physician who knows that only a few of his patients can be much benefited by drugs, gives out just as many prescriptions as the ignorant physician who believes all that the Pharmacopeia and the nostrum vendor tell him. The only difference is that the educated physician gives his drugs as placebos. In my opinion, the placebo habit does more harm than the habit of giving drugs to every patient with full faith in their pharmacologic action. But of this I shall say more in a moment. Here what I want to insist on is that so long as the chief visible, tangible, gustable result of a physician's visits is a row of medicine bottles, just so long will the patient tend to try to eliminate the middle man (the doctor) and buy the drugs himself, "patent" or pharmacopeil as the case may be.

If the result of the physician's visits were a reform in the patient's diet, a lengthening of his hours of sleep, better habits in bathing, ventilation and exercise, and a sleeping balcony, no patient would be such a fool as to think he could get these results out of a bottle of "patent medicine" or a box of headache powders; but when the net result of the doctor's expensive visits is medicine bottles, the patient learns his lesson, clings to his bottle, and eliminates the expensive visits. Result: $75,000,000 a year for secret remedies.

Placebos have another bad result. They weaken the confidence of the patient in the physician, because every placebo is a lie, and in the long run the lie is found out. We give a placebo with one meaning; the patient receives it with quite another. We mean him to suppose that the drug acts directly on his body, not through his mind by means of expectant attention. If the patient finds out what we are doing he laughs at it or is rightly angry with us. I have seen both the laughter and the anger—at our expense. Placebo giving is quackery. It also fosters the nostrum evil.

The "patent medicine" and nostrum industry will be seriously crippled when we do two things:

(*a*) Stop advising secret remedies which may be poisonous or inert.

(*b*) Stop fooling our patients with placebos.

The positive side of all this negative advice I have tried to explain in another paper.

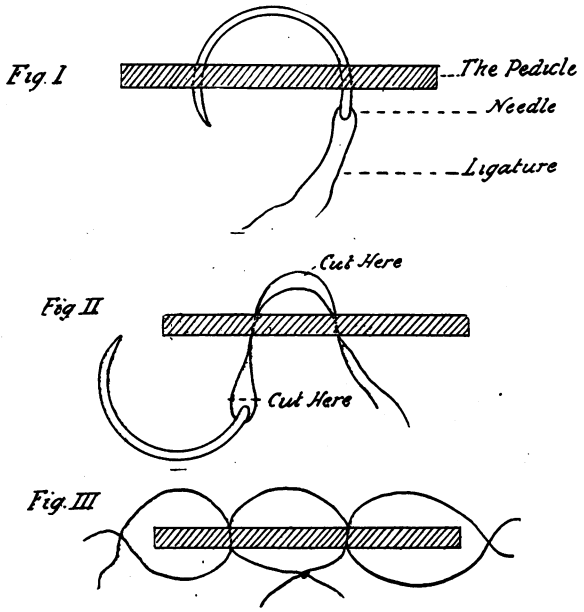
BANTI'S DISEASE.

W. L. Bierring and E. Egdahl, Iowa City, Iowa (Journal A. M. A., October 13), report a case of Banti's disease in which splenectomy was performed and discuss the blood findings. The notable facts are summarized as follows: 1. Before the operation the blood condition was that of the secondary type of anemia, low percentage of hemoglobin and leucopenia. 2. After splenectomy there was a slight fall in red cells, then a rise, a leucocytosis at its maximum twelve days after the operation and characterized by a relative increase in the mononuclear leucocytes, especially the large mononuclears. 3. The absence of myelocytes and the scarcity of nucleated reds, both before and after spenectomy. Discussing these findings in connection with those of others in this disease, the authors remark as to the significance of these blood changes, in hypertrophy of the spleen from any cause, that a decrease in hemoglobin, in erythrocytes, and in many cases also in the white corpuscles, is very likely to follow. How this leucopenia occurs is hard to explain with our present ideas of the hematopoetic function of the spleen, while the cause of the general secondary anemia with splenic hyperplasia is as yet hypothetical. The good results from spenectomy in both splenic anemia and Banti's disease seem to favor the view that the spleen is in some way responsible for the poor blood conditions. The lymphocytosis after splenectomy must be regarded as an effort at

compensation. The authors conclude that in considering the blood findings in the two diseases, Banti's disease and splenic anemia, before and after splenectomy, one is led to the opinion that, whatever the nature of the disease process or the causative influence, the blood-forming organs are not particularly concerned. The more likely points of attack are the vesicular channels, the tissues of the spleen, and in time also those of the liver.

AN IDEAL LIGATURE OR SUTURE.

To the Editor of the State Journal: So far as I am aware, the ligature here described is original; at least it is entirely original with me, and though it may have been used by others or even mentioned in medical literature, if such is the case it has not reached my attention.



In abdominal work I have found it safe, sure and expedient. It is especially useful in cases where there is a large pedicle and where rapid removal is absolutely necessary. It will be noted from the diagram that three sutures may be placed in about the time which ordinarily is required for the placing of one.

Very truly yours,
R. SELDEN ANTHONY, M. D.

GANGOSA.

O. J. Mink and N. T. McLean (Journal A. M. A., October 13), describe the disease known as gangosa, a form of ulcerated rhinopharyngitis which seems to be endemic in the Ladrone and Caroline islands, but has been reported also from some other tropical regions. It has evidently existed there for at least 150 years, is confined to the natives and does not seem to be hereditary or due to diet. The evidence is also against its being a luetic manifestation or a sequel to yaws. The authors' opinion is that it is due to come specific infection, possibly carried by flies or by direct contact, overcrowding, etc. The disease seldom being fatal few chances for autopsy occur, and other than local symptoms and lesions have not been observed. Fordyce says that the lesion is a granuloma of undetermined nature, the histologic picture somewhat resembling tuberculosis. It commences with an ulceration of the pharyngeal mucosa, becoming rapidly progressive and involving sometimes the hard palate, nose, eyes and face. The tongue and muscles of degluition are spared and hearing is rarely affected. In the quiescent stage, scar tissue remains, but the active stage may continue indefinitely or may be arrested at any time. A fulminating type occurs in young children, usually proving fatal in forty-eight hours and closely resembling diphtheria. If the patient survives beyond that period the disease follows the usual course. The diagnosis is simple. The sudden onset distinguishes it from lepra and lupus, and the characteristic bacteria are absent. The symptoms differ from syphillis and specific treatment is a failure. The fulminating type is diagnosed from diphtheria by the absence of the Klebs-Loeffler bacillus and the characteristic mutilation. The contagiousness of the disease is evident, and isolation, which was discontinued at the time of the American occupation, has again been made compulsory. In the fulminating type rigid quarantine should be enforced. In the early stages treatment clearly limits the progress of the disease. It is essentially local and aims to destroy the affected area. Tincture of iodin, employed freely, is apparently the best agent, though in some cases the actual cautery may be more effective. Antiseptic mouth washes should also be used and tonic treatment when necessary. As a deodorant, potassium permanganate, 1 per cent. solution, has proved most advantageous. The authors suggest the possible utility of x-ray or light treatment. In the fulminating type the treatment should be symptomatic, combined with thorough local disinfection.

PROSTATECTOMY.

A. H. Feguson, Chicago (Journal A. M. A., October 13), classifies the case of prostatic hypertrophy as follows: 1. Cases manifesting genitourinary functional disturbances in the first congestive stage of the disease, in which proper hygienic and local treatment may effect a cure, or at least in some cases avert operation. 2. Cases with partial retention, in which the condition progresses insidiously, revealing itself in an acute attack of retention with subsequent residual urine and the necessity of catheterization, or more chronic gradual distention of the bladder with intermittent dribbling of urine. 3. Cases with complete retention with frequent involuntary urination and almost constant dribbling at night. 4. Cases of absolute incontinence and no residual urine. Prostatic enlargement does not always call for operation; the gland may be extremely large and yet cause no obstruction. Obstruction is the one important thing. Ferguson enumerates in detail the pathologic indications for prostatectomy; the conditions that interfere with the function of the vesical meatus; the obstruction of the flow of urine in the prostatic urethra; the contraction and cicatrization of the organ from chronic inflammation, the deleterious effect of prostatic obstruction on the bladder, kidneys and rectum. He reviews the literature bearing on complications, sequelae and mortality, and describes his own practice in performing the perineal operation. He puts the patient preferably in the extra lithotomy position, and, while he prefers to open the membraneous urethra and proceed down to the sinus pocularis at the point where the ejaculatory ducts open, he has frequently removed the prostate without any injury to the membranous urethra. After splitting the capsule laterally, it is best to enucleate the lateral lobes first, carefully avoiding injury to the ejaculatory ducts. The finger is pressed into the prostatic urethra and acts as a guide while the fibrous attachments between it and the prostate are cut away with cutting foceps. In case the ducts are pushed to one or both sides, and the postatic enlargement rises up into the bladder, he inserts the depressor into the bladder through the perineum to aid the finger in the